**Date:**  

**Employee Name:** ****

**Position Title:** 

**Supervisor Name:**  **Date of Hire**: 

The initial three months of employment shall be considered an introductory period for all employees. Based on a positive evaluation, the employee will attain regular status.

If performance is not totally satisfactory, as clearly indicated in the evaluation, a recommendation to terminate employment or extend the Introductory may be made. If the introductory period is extended, a specific time frame will be noted, specific goals will be determined, and additional training will be provided. If at the end of the extended time period, performance is not totally satisfactory, termination of employment will be recommended.

Please note that this does not represent an employment contact and Maine is an at will state. PROMISE reserves the right to terminate employees at any time and for any reason within the confines of the law.

**Teachers, TA,CA, Ed Tech III, Perm Sub must also have 90 day safety check attached to this signed form**

How has the employee accomplished what you would expect after this short period of employment with respect to the following?

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Pillars:**  **Health & Safety**: Follows health and safety policies to support a safe work environment for employees as well as a healthy environment for children and their families. Knowledge of child abuse and neglect policies and procedures. Supports families by giving resources related to health services. Collaborates with families to meet the health requirements for Head Start.  **Consistency:** Follows established systems and routines in place that ensure consistency in programming across classrooms/sites. Responds in a similar manner to like situations to create an environment of predictability for families, children, and other staff members. Reports to work within attendance policy, works a regular schedule, always displays professionalism, and participates in all Agency training events.  **Best Practice:** Employs best practice, which is a method or technique that has been generally accepted as superior to any alternatives because it produces results that are superior to those achieved by other means. It has become a standard way of doing things related to relevant content areas or areas of work. | | | |
|  | **Exceeds Standards** | **Meets Standards** | **Needs Development** |
| **Follows established Health and Safety Policies** |  |  |  |
| **Maintains Consistency** |  |  |  |
| **Follows Best Practices** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Exceeds Standards** | **Meets**  **Expectations** | **Does Not Meet Standards** |
| Job Knowledge |  |  |  |
| Productivity |  |  |  |
| Quality of Work |  |  |  |
| Work Attitude |  |  |  |
| Initiative |  |  |  |
| Dependability |  |  |  |
| Adaptability |  |  |  |
| Attendance |  |  |  |

**In reviewing the overall performance of the employee, summarize their greatest strengths and accomplishments over the previous year as well as items to work on for the next year**

**Accomplishments and greatest strengths (give, at minimum, 2 concrete examples)**

**Tasks/Areas to work on** (not listed in goals):

**Professional Development Goal(s):** (List all professional development goals for the next calendar year)

**Employee Comments and Signature**

Employee may comment on all or any part of the information contained in this document, including the evaluation process. This may include suggestions or ideas for improvement in the agency. If employee does not concur with the evaluation, check the appropriate box and explain reasons for disagreement.

**Employee Comments:**

Do you Recommend retaining this employee and moving them to ‘Regular’ employment status? YES  NO

If ‘No’ please select one 45 Day Reevaluation Date:      Termination of Employment Date:

I Understand my job responsibilities performance expectations and the terms and conditions under in which I am expected to work.

I do concur with my supervisors evaluation  I Do Not Concur with my supervisor’s evaluation.

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager/Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**